

ICF/MR Level of Service Certification**B.M.S. - 99**

Region: Check One	1:	2A:	2L:	2R: X	3B:	3A:
Name:	Joseph P. Jones			Date of Birth: June 29, 1984		
Address:	Box # 12 Old U.S. Route # 1 Wiscasset, Maine 04342			Diagnosis: Mild/Moderate MR. Cerebral Palsy		
Telephone #	(207) 882-9999					
Social Security #	001-00-0000			Medicaid #	1111111A	
Medicare #	N/A			Other Insurance	N/A	
Legal Representative Self	Address: As Above			Telephone # Same	Caseworker & Phone # Write name and number	

Examples of Covered ICF-MR Services

The following are examples of ICF-MR group home facility services and conditions. Any combination of examples may equate the needs for ICF-MR group home facility services.

1. Independent in mobility or in the use of a wheelchair or other mobility device.
2. May need assistance in personal care such as oral hygiene, care of skin, personal grooming and bathing.
3. May exhibit or has exhibited deviation from acceptable behavior.
4. May require some personal supervision.
5. May require some protection from environmental hazards.
6. Is able to participate, under supervision, in diversional and motivational activities both in the facility and in the community.
7. Is able to participate in one or more developmental, vocational or community programs.
8. Medications ordered by the physician are of a routine nature that can be administered by qualified group home facility personnel.
9. May be aphasic.

Date consumer planning meeting was held which recommended either ICF-MR or Waiver

Level of services: Date: 8/17/07, Today's Date: 9/1/07

Purpose of this form: Initial Classification (New) ✕ Reclassification ☐

Summary of observed behavior and social history which determined level of need of care, based on examples listed above:

Joe, as he prefers to be called is a young and engaging man of 23 years. Joe has been diagnosed with mild to moderate mental retardation and cerebral palsy. He has lived with his mother and step-father his entire life. Joe's biological father died prior to Joe's birth. His home is located off a side street in a rural part of Wiscasset. He was a graduate of the local high school some four years ago. Joe is mainly independent in self care skills with need for limited supervision and reminders to complete some bathing and grooming skills. There is a need for some repair modifications to the home to make it more completely accessible. Joe and his families wish that he remain at home for at least several more years. He also requires reminders in maintaining good healthy nutritional habits as there is a family history of diabetes. There is some concern regarding mobility issues due to limiting factors associated with his CP. He must rely upon others for transportation needs and is limited to short walking distances. He does have good interpersonal skills and has many friends within his community. Joe knows how to access emergency assistance and recently was able to purchase a cell phone which he is currently learning to use which he can use were he needed to contact somebody for help. However his expressive skills are limited and his mother is assisting him in a personalized phone book to be used if needed. Joe has been determined as eligible for VR assistance but has been on the waitlist for supports for over one year. This is a chief frustration for both him and his family. Joseph is attending FSD programming two days per week but his true desire is to work for real pay. At a recent planning meeting it was determined that Joe be referred for services under the newly created Support Waiver Program. Please see the planning meeting notes dates 8/17/07 for further details.

Consumer Name: _____

B.M.S - 99

A= Independent, B= Needs Supervision, C= Needs Skills Training, D= Needs Physical Assistance, E= Total Care

A.) Activities of Daily Living (Insert the letter that best applies)

Eating	A	Explain: Is independent in eating but does use adaptive knife, fork and spoon. Does require reminders and prompting for appropriate dress to the weather. Needs limited physical assist to get in and out of tub when no shower is available. Is independent in mobility but tires easily
Dressing	B	
Toileting	A	
Bathing	D	
Grooming	B	
Mobility	A	

B.) Safety

Avoidance of physical danger		Explain: Joe is well known in his community and has many healthy relationships.
Avoidance of emotional jeopardy	A	
Engagement in healthy relationships	A	
Judgment regarding personal conduct	A	

C.) Household Activities

Cooking	C	Explain: Can cook and prepare light meals but needs training in preparing full nutritional meals, as well as maintaining clothing.
Laundry	C	

D.) Community Access

Shopping	C	Explain: Needs training in healthy food choices does use local Bank independently.
Transportation	A	
Banking		Active participant at the local recreation ctr.
Recreation	A	

E.) Maintain Relationships

Family	A	Explain: Joe maintains a very healthy relationship with family and His community.
Friends	A	
Coworkers	A	
Support Staff	C	Needs the services of a job developer and coach.

F.) Health Maintenance

Accessing Medical Care	C	Explain: Is currently working with family and program support staff on emergency contacts and takes no medications.
Emergency First-Aid	C	
Accessing Mental Health Care	N/A	
Medication Administration	A	

G.) Communication

Expressive Communications	C	Explain: Can be difficult to understand if your are not familiar with expressive skills. Has very good receptive language skills Joe would like to take a class in ASL Has good gestual skills when needed.
Receptive Communications	A	
Sign Language	C	
Visual/Gestural	A	

Person Filling Out Form, Name: _____ **Assigned Case Manager** _____, **Date:** 9/1/07

Regional Review: _____, **Date:** _____

This individual does **does not** **meet the standards for ICF-MR or Waiver Level of Services**

QMRP Review: _____, **Today's Date:** _____, **Next Reclass Date:** _____